Division	of Health Service Re	egulation			ronw	IAPPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01		E SURVEY PLETED
		HAL065032	B. WING			C 14/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CTTY, S	SYAYE, ZIP COOE		
PACIFIC	A SENIOR LIVING WII	LIMINGION	TH STREET TON, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL 9C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION SHOUL (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDENCY)	DBE	COMPLETE DATE
C 000	Initial Comments		C 000			
	Report of a Biennia Greg Cates conduct Records indicate the submitted for licens. The facility is currer a 44 Bed Special Communication of was surveyed for complicable portions. Licensing of Adult Complicable Revision) Edition of Code(s), Institutional Rules for Licensing	is facility was first licensed or ure on 06/25/1997 as a HA. ofly licensed for 101 Beds with are Unit. Therefore the facility				
G 101	Existing Licensed F	ac- No less than '71 Rules	C 101			
	PHYSICAL PLANT I The physical plant of care home shall be (2) Except where of licensed facilities or facilities shall meet I requirements in effet change in service or renovation, or alterathe requirements for no addition or renovation than those requirements. "Minimum and Desir Regulations" for "Ho copies of which are Health Service Regulations and the service Regulations."	21 APPLICATION OF REQUIREMENTS equirements for each adult applied as follows: therwise specified, existing portions of existing licensed licensure and code of at the time of construction, bed count, addition, tion; however in no case shall any licensed fecility where ation has been made, be less ents found in the 1971				
Malon of He	alth Service Regulation DIRECTOR'S OR PROVIDE	ER/SUPPLIER REPRESENTATIVE'S SIGN	ATURE	TITLE		(X8) DATE

STATE FORM

5499

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065032		(X2) MULTIPL A. BUILDING: 8. WINS	E CONSTRUCTION 01	(X3) DATE SI COMPLE C 04/14		
NAME OF P	ROVIDER OR SUPPLIER		TADDRESS, CITY, 6	TATE, ZIP CODE		
PACIFICA	SENIOR LIVING WIL	MINICTON	S 17TH STREET INGTON, NC 28			
(X4) ID PREFIX TAG	(EACH DEPICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SO IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROIDEFICIENCY)	DBE .	OMPLETE DATE
C 101	Confinued From pa This Rule is not me A. Based on intervir facility was not mee operation of species Code. This could er facility if exit doors or release to open due electronic devices a locate, identify or di the manual emerge release the magnel Findings from 04/14 1. S.C.U The em- magnetic locked do was not carried by and some staff mer possessed the key. 2. The key for the e- not identified on a k- keys. 3. The central eme exit doors with mag- nurses' station but identified. 4. A lock box with a contained the key t emergency overrid magnetic lock for ti determined if the s knew the combinat the key. B. Based on Intervi- was a hazard pose	et as evidenced by: ews and observation the eting the requirements and it locking per the N.C. Buildi indanger any occupants in the with magnetic locks did not et to failure of relays or and staff were unable to id not possess keys to oper ency override switches to tic locks. 4/2015: ergency release switch at ergor was key operated. A key each of the direct care staff mbers were not aware of witch exercises witch the second of the direct care staff more swere not aware of witch exercises witch for the grand holding many other exercises the manual e	ach no was e e ion taln	DEFICIENCY		
	locking. The emerg	gency override device for the s is required to operate as	e			

Division of Health Service Regulation

STATE FORM

AND PLAN	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) MULTIPE A. BUILDING:	E CONSTRUCTION .	(X3) DAT	E SURVEY
			- Sentanda	*1	COM	PLETED
		HAL065032	B. WING			C 14/2015
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CMY, 8	TATE, ZIP CODE		1 102010
PACIFIC	A SENIOR LIVING WIL	MINGTON 2744 S 1	77H STREET			
(X4) ID	SIMPLADY COM	WILMING	STON, NC 28	412		
PREFIX	/ (MACH DISPICIENCY)	MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH	CTION	009
	THE SECOND ON ES	C IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APP DEFICIENCY)	PHOPRIATE	DATE
C 101	Continued From pag	je 2	C 101	DEFICIENCY)		ļ
)	on/off anly. Re-energ	zizing the magnetic door lock				4
İ	by any action that is	not meant to relock the door	1 1			
- 1	not in compliance wi	ency situation has ended is	1			
ı	requirements. This c	ould endanger occupants of	1			
	trie facility if a magne	Sic lock would to energize	1 1			
- 1	requiring the door to	ocked during an emergency	1			
1	Findings on 04/14/20					
	1. The emergency ov	erride device at each exit				
- (door was key operate lock, a key had to be	d. In order to release the Inserted into the switch,				
- 17	turned and held in tha	at position. The key could not	ĺ			
- 11	be removed so that th	le door would ramain	1			
- 1	uniockea. This is not i building code requirer	in accordance with the nent that the emergency				
8	switch at the door ope	rate as on/off switch.				
C 148	Corridors-Handraile		C 148		.	
	SECTION 0300 DUE	/DIG. 1. DI	- 140		Ì	
1	949 - 0300. SECTION .0300 - PH 104 NCAC 13F .0305	PHYSICAL PLANT	.		- 1	
18	INVIRONMENT					
19	g) The requirements	for corridors are:			- 1	
0	orridore at 38 Inches	provided on both sides of above the floor and be				
C	apable of supporting	a 250 pound concentrated				
l lo	oad;			•	1	
T	hls Rule is not met a	s evidenced hu				
I A	. Based on observatio	on the facility failed to most				
3 (0)	e requirements for he	Indralls in the corridor				
m	esidents requiring the obility support and as	sistance would be affected				
by	not having handrails	installed.			-	
FI	nding from 04/14/201	5:				
- 1	h Service Regulation				1	- 1

DIAIPIOU	Division of regular Service Regulation									
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE: COMP					
					۱ .					
		HAL066032	B. WING		04/14/2015					
NAME OF	PROVIDER OR SUPPLIER	6TREET AD	DRESS, CITY, S	STATE, ZIP CODE						
PACIFIC	A SENIOR LIVING WII	MINGTON	TH STREET							
		WILMING	TON, NC 28							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE OROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		OXS) COMPLETE DATE				
C 148	Continued From pa	ge 3	C 148							
	installed along an a	- There is no handrall pproximately 15'-0" section of it is window lined opposite the								
C 184	Housekeeping and	Furnishings-Clean, Repaired	C 164							
	FURNISHINGS (a) Adult care home (1) have walls, cell coverings kept clea (2) have no chronic (3) have furniture c	os shall: ings, and floors or floor n and in good repair;								
		etion the facility has falled to repair; there is damage to								
		I/2015; s an approximately 2"x8" hole ne entrance door to the								
		or room has two holes in the ely 18"x18" hole and an ' hole.								
		alion the facility falled to keep n and in good repair.								
		4/2015; iry - The flooring behind the has accumulated dirt, lint and								

Division	of Health Service Re	gulation					
	OF DEFICIENCIES	(X1) PROVIDER		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICA	TION NUMBER:	A. BUILDING:	01	COMP	LETED
						·	;
		HAL.066	032	B. WING		04/1	4/2015
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
PACIFIC	A SENIOR LIVING WIL	MINGTON		TH STREET TON, NC 28			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR U		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIK (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDERICIENCY)	DBE	COMPLETE DATE
C 164	Continued From pa	ge 4		C 184			
	2. Loading Dock - T the doors to the loa uneven.			:			
	 2nd Floor Unisex stains from leaking the sink. 				,		
	C. Based on observ plumbing fixtures in		ity failed to keep				
	Findings from 04/14 1. 2nd Floor Unised Is missing from the	(Bathroom - `	The lever handle				
	2. Room #145 - The and detaching from		the toilet is loose				
C 186	Housekeeping-Main	tained Free o	f Hazərds	C 168			
	SECTION .0300 - P 10A NCAC 13F .030 FURNISHINGS (a) Adult care home (5) be melatained in orderly manner, free hezards; (e) This Rule shell of facilities.	of HOUSE! s shall: n an unclutter of all obstruc	ed, clean and				
-	This Rule is not me A. Based on observi evidenced by the fai to fire safety equipm	ation a hazaro lure to mainte	was present as				
	Finding from 04/14/2 1. The control that a suppression system	ctivates the s					

Division	of Health Service Re	egulation					
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SU		(X2) MULTIPLI	E CONSTRUCTION	(XX) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATIO	ON NUMBER:	A. BUILDING:	91	COMPL	LETED
						C	: 1
		HAL06503	2 .	B. WING		04/14	4/2016
	and the state of t		etteday - n	opene arry s	TATE TIN OARD		
NAME OF	PROVIDER OR SUPPLIER				TATE, ZIP CODE		
PACIFICA	A SENIOR LIVING WII	LMINGTON		TH STREET	442		
				TON, NC 28			
(X4) ID PREFIX		TEMENT OF DEFICI MUST BE PRECED		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL)		(XS) COMPLETE
TAG	REGULATORY OR U			TAG	OROSS-REFERENCED TO THE APPROP		DATE
					DEFICIENCY		
C 168	Continued From pa	ge 5 .		C 166			
	blocked the sight lin	one and roady a	crase to the				
	control.	rea agrici reacity e	ocess to the				
	Note: Corrected wh	ife the surveyor	was on site.				
	11-11-	,					
	B. Based on observ						
	maintain the facility						
	hazard could effect	statt in the kitch	en.			- 1	
	Finding from 04/14/	2015					
	1. Kitchen - The do		ng room had				
	hasp type herdware			i 1		ì	
	room side of the do						
	Note: Hasp and page	d lock removed	while surveyor	١ ١		Į.	
	was on site.					ì	
	2. Kitchen - The co	alar dans had h	en fine			-	
	hardware with a pe		isp type				
	Note: Hasp and page	d lock removed	while surveyor				
	was on site.						
	C. Based on observ						
	maintain the facility						
	egress was obstructed egress would pose	ted. Obstruction	n or the path of				
	using the stair to ex	a nazaru to 190 Partiala lhe hulk	find				
	using the stell to co	AUGUNO UIO DINII	en g.				
	Finding from 04/14	/2015;					
	1. The 2nd floor sta	air landing was o	bstructed by				
	two 30 gallon trash	cans stored on	the landing.				
	Note: The trash car						
	location while the s	urveyor was on	site.				
	D. There is a failure	e to keen the fac	cility in a clean				
	manner. There is a	pattern of HVA	C ceiling grilles				
	being not kept clea	n as exhibited b	y the specific				
	examples listed be	low:	-				
	·						
	Findings from 04/1	4/2015:	The return oir	1			
	1. 2nd Floor - Floor grille and the radiat	ion damper abo	ne return air				
	i grille and the radial	nou cambet apo	ue me ânu ie				

Division	of Health Service Re	gulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(XX) DATE SURVE COMPLETED	
		HAL085032	8. WING		C 04/14/201	15
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, :	STATE, ZIP CODE		
PACIFIC	A SENIOR LIVING WIL	NOTINICALLY IN	TH STREET TON, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY PULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDENCY)	N SHOULD BE COMPL E APPROPRIATE DAY	
C 166	Continued From page 6		C 188			
	clogged with dust.					
	2. 2nd Floor Soiled	Linen Room - The return air				
	grille and the radiati are clogged with du	ion damper above the grille st.				
	The grilles for ce bathrooms are clog	lling exhaust fans In resident ged with dust,		,		
		ling grilles for the HVAC nd have a layer of grease				
	E. Based on observice kitchen equipment v	ration proper operation of was not maintained.				
		condensate drain was not ain and was flowing water				
	Fased on observation	on the facility was not electrical hazards.				
	Multi-plug adapters	#2015 #117 and Room #131 - without overload protection uplex wall electrical outlets.		•		
C 175	Bedroom Furnishing	gs-Clean Towel, Towel Bar	C 175			
	FURNISHINGS (b) Each bedroom a furnishings in good resident: (7) individual clean	HYSICAL PLANT 06 HOUSEKEEPING AND whall have the following repair and clean for each towel, wash cloth and towel or an adjoining bathroom; and				
háclas of his	alth Service Regulation					

AND PLA	INT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIEA/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	PLE CONSTRUCTION	(X3) DAT	E SURVEY
			A, BUILDING	3: 01		PLETED
		HAL065032	B, WING			C
IAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY	STATE, ZIP CODE	04/	14/2015
ACIFIC	A SENIOR LIVING W	I MINGTON 2744 S 1	7TH STREET	r		
		WILMING	STON, NC 2	8412		
(X4) Ib PREFIX	I (EAGH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECT	ON	
TAG	REGULATORY OR L	90 IDENTIFYING INFORMATION)	PAREFIX	(EACH CORRECTIVE ACTION SUCH	DOF	(XS) COMPLETE
			1 "	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
C 175	Continued From pa	age 7	C 175			
	(e) This Rule shall	apply to new and existing				l
	facilities.					
	This Rule is not me	at as evidenced but				
- 1	 A. Based on observ 	ration sufficient furnishings				
	were not supplied for	or each resident.)			
	Finding from 04/14/	2045				
- 1	There was a patter	em of damaged or missing				
6	tower racks in reside	ent rooms, as an example of			- 1	
	specific location is li	sted below:			ı	
	a. Room #222 - The	re are two residents				
	occupying the room	but only one towel rack is	1			
	installed.	and to the region to				
- 1	b. Several resident n	ooms were missing towel			- 1	
- , ,	racks or hed towel fa	icks that were not useable			j	
10	due to missing or da	maged components.				
- 1		1			- 1	
198 8	Electrical Outlets in V	Net Locations	C 188			
1.5	SECTION .0300 - PH	YSICAL PLANT	1			
1	10A NCAC 13F .031(ELECTRICAL OUTLIETS			1	
) /-	vii adult care home e	lectrical outlets in wet	1			
b	ocelions at sinks, pa pullding shell have or	throoms and outside of ound fault interrupters.	1		- 1	
	and an inare gr	ound rault interrupters,			!	
,	ble Dule to out out				- 1	
l A	his Rule is not met. Based on observat	as evidenced by: ion the wet locations do not			- 1	
h	ave the protection or	rovided by ground fault				
in	iterrupters.	o riada o) ground ladit	J		- 1	
b	indings from 04/14/2	045			- 1	
11	. Kitchen - The GEC	electrical outlets in the				
ki	tchen did not trip wh	on tested.			J	
		1				
2.	Room #.145 - The (GFCI electrical outlet in the			1	
f Healt	h Service Regulation				J.	

	of Health Service Re	egulation			FORM	APPROVED
	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	O(9) DATE	SURVEY
	30142011011	DENTIFICATION NUMBER	A. BUILDING	3; 01		PLETED
		HAL066032	B, WING			С
NAME OF	PROVIDER OR SUPPLIER				04/	14/2015
				STATE, ZIP CODE		
PACIFIC	A SENIOR LIVING WIL		17TH STREE IGTON, NC 2			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID			
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (BACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDER OF THE	DRE	COMPLETE DATE
C 188	Continued From page	ge 8	C 188	- Contractively		-
		did not trip when tested.	1			
		and not trip whom tested.	ļ			
C 188	Building Equipment	Maintained Safe, Operating	C 189			
	SECTION .0300 - P	HYSICAL PLANT				
	10A NCAC 13F .031 REQUIREMENTS	11 OTHER				
		d all fire safety, electrical,	1			
,	mechanical, and plu	mbing equipment in an adult				
	care home shall be r operating condition.	mainteined in a safe and				
	(k) This Rule shall a	apply to new and existing				
- 1	facilities with the exc	eption of Paragraph (e)			- 1	
l	which shall not apply	to existing facilities.			- 1	
					- 1	- 1
	This Rule is not met	as evidenced by:				
	 A. Based on observe equipment is not mai 	ition, the fire safety intained in an operating			ĺ	
	condition. Doors that	do not release from hold	1 1			- 1
- 1	open devices when t	he fire alarm is activated or				
	passage of smoke co	and latch to resist the	1 1			
	occupants if smoke a	and fire were not contained in	1 1			
	the room of origin.				i	
	Findings from 04/14/	2015:				
1	 2nd Floor Cottage 	Hall - The panic bar type	1 1			- 1
1	hardware is not funct could not latch when	doning properly and the door			- 1	
- 1			1		1	
	2. 2nd Floor Legacy (Dining Room - The pair of				
- 1	goors to the comidor of magnetic hold ones of	did not release from the levices when the fire alarm				
- 11	was ectivated. When	manually operated the				
1	doors did not complet	tely close and latch.				
- 1:	3. 2nd Floor Large Die	ning Room - The pair of				
- 1	doors to the corridor of	did not release from the				
ision of Hea	alth Service Regulation					

Division	of Health Service Re	gulation				FORM	APPROVED
SYATEMEI AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDE	R/SUPPLIER/CLIA	(X2) MUCTI	PLE CONSTRUCTION	(XA) DAT	E SURVEY
7	or someonog	E/ENTIFIC	ATYON NUMBER:	A. BUILDING	G: 01		PLETED
						1	С
		HAL06	5032	B. WING		04/14/2015	
NAME OF	PROVIDER DR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE		
PACIFIC	A SENIOR LIVING WIL	MIMOTON		TH STREE			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	COLUMN ENTING WIL	JANING LOM	WILMING	TON, NC 2	8412		
(X4) ID PREFIX	SUMMARY STAT	TEMENT OF DEP	ICIENCIES	OI]	PROVIDER'S PLAN OF CORRECTIO	IN .	pro
TAG	(EACH DEFICIENCY REGULATORY OR LE	C IDENTIFYING	INFORMATION)	PREPIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	DRE	COMPLEYE
			,	100	DEFICIENCY)	MAJE	DATE
C 189	Continued From pag	je 9		C 189			-
	magnetic hold open	devices who	n the fire eleme				1
	was activated.	devices wife	in the life alaith		1		1 1
- 1							1 1
	4. 2nd Floor Commu	inity Room -	A wedge was		1		1 1
	jammed under the di closed.	oor and the	door could not be				1 1
	Note: Corrected while	e survevor w	as on site		-		
}	5. Corridor - The fire	resistant rat	ed pair of				1 1
	corridor doors at exit	lights #34 a	nd #35 do not				l i
i	completely close and activation of the fire	i laton when	released upon				1 1
1	octivation of the file	alaim system	'				
	Room #240 - The	latching ope	ration of the				
	door hardware was o	lisabled with	tape holding the				!!
	latch boit in and the	strike was fill	ed with paper.				
	7. Loading Dock - Th	e exit doors	to the sensice				
1	corridor do not comp	letely close a	and latch				
]	
	B. Based on observa	tion, the fire	safety			- 1	
- 1	equipment is not mai manner. The fire resi	ntained in ar	operating			ŀ	
- 1	doors is compromise	d when they	are damaged or				1
1	are missing required.	hardware or	components.				1
1.	All facility occupants	could be affe	cted if fire	.			1
	resistant rated doors			1			- 1
1	to resist the spread o	f fire and sm	oke.			1	1
- 1	Findings from 04/14/2	2015:		l			
- 1	 Boiler Room - The 	scissor arm	of the				1
- 4	automatic closer has	been remov	ed so the				1
1	automatic closer on ti	ne fire realsta	ant rated door				
19	does not function.						
- 10	C. Based on observat	tion, the fire	safaiv		•		
- (components of the fac	cility are not	maintained in a				
5	afe manner. The Inte	grity of cons	truction				
r	equired to be be fire	resistant rate	ed is				
	compromised by the p	presence of h	noles and gaps				

r	Division	of Health Service Re				FORM	APPROVED
l	AND PLA	NY OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE	SURVEY
l			The state of the s	A. BUILDING	k 01 -	COM	PLETED
L			HAL085032	B. WING			0
Г	NAME OF	PROVIDER OR SUPPLIER	SYREET AF		STATE, ZIP CODE	04/1	14/2015
	PACIFIC	A SENIOR LIVING WIL		TH STREET			
L	1701110		WILMING	TON, NO 2			
	(X4) ID PREFIX TAG	(EAGH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	1 BE	(X5) COMPLEYE DATE
	C 189	Continued From pag	ge 10	C 189			
		could be affected if t	All occupants of the facility the fire resistant rated limit the spread of fire due to				
		rated cailing assemb asculcheons are not	r2015 of holes in the fire resistant ly where the fire sprinkler installed for the sprinkler by the specific examples				
	-	a. 2nd Floor -Room # b. Community Room c. 2nd Floor Room # d. 2nd Activity Directo e. The kitchen storag f. The kitchen Janitor g. The kitchen freeze	/203 or's office. le room lal closet				
		The door facing pa leaf of the fire resistal doors at exit lights #3	nel is delaminating from one nt rated pair of corridor 4 and #35.				
		gap in the fire resistar	e Storage Room - There is a nt rated wall where it is as dryer exhaust duct.		:		
	- 11	 There is no fire dan penetrates the wall se from the elevator equi 	nper where for the duct parating the electrical room ipment room.				
		condition. Illuminated not function properly o	tained in an operating directional exit signs that do could effect facility t of an emergency requiring				
_		indings from 04/15/2	015			. [
Isi	on of Hea	ith Bervice Regulation					

Division	of Health Service Re	egulation			1014117	W / NOVED
STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE S	
		HAL085032	B. WING		04/14	1/2015
NAME OF I	PROVIDER OR SUPPLIER	. SYREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PACIFIC	A CENTOD I BUNG BUT	2744 9 1	TH STREET			
PAGIFICA	A SENIOR LIVING WIL	WILMING	TON, NC 28	412		
(X4) ID PREFIX TAG	RÉKIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR USC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	N SHOULD BE COMPL EAPPROPRIATE DAT	
C 189	Continued From pa	ge 11	C 189			
	signs that do not fur	n of Illuminated directional exit notion when tested on battery by some specific examples	-			
	a. 2nd Floot - Small nurses' station	Memory Care Unit - At the				
	b. 2nd Floor - At the Memory Care unit.	entrance to the Large				
	c. 2nd Floor - Comm doors to corridor.	nunity Room above both				
	equipment is not ma Emergency lighting function properly co	ation, the emergency lighting aintained in a safe condition. equipment that does not uid effect all facility occupants illumination in the event of an				
	lights that do not fur	5/2015 n of wall mounted emergency notion when tested on battery by some specific examples				
	emergency corridor	llowing wall mounted Ilghts did not work when ower, #27, #28, #29, and #80				
	emergency corridor	ollowing wall mounled lights did not work when ower, #46, #56 and the storage denotte.				
	is not maintained in inspected as require	vation, fire control equipment a safe manner by being ed. Fire control equipment that a regular basis could be a				

STATEMENT OF DEFICIENCIES (X1) PRO AND PLAN OF CORRECTION (DE)		(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:	(/2) MULTIPLE CONSTRUCTION			(XII) DATE SURVEY	
			A. BUILDING	: 01		PLETED	
		HAL085032	B. WING			С	
NAME OF PROMPER OF THEFT					04/14/2015		
		SINEELA		STATE, ZIP CODE			
ACIFIC	A SENIOR LIVING W		7TH STREET				
(X4) ID	SI BAMANY ST	WILMING	TON, NC 28	412			
PREFIX	L REACH DEFICIENC:	SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY PULL		PROVIDER'S PLAN OF COR	ORRECTION (M)		
YAG	MRGULATORY OR L	SCIDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	OOMPLET	
0.444				DEFICIENCY)	ALMON MADE	OATE	
C 189	Continued From pe	ge 12	C 189			-	
	danger to occupants of the facility if in the event		1 - 1				
1	or a fire the equipm	ON COURT DO! help control or	1 1				
	Ilmit the fire due to	malfunction.	1 1				
	Finding from 04/15/	no.ie	1 1				
- 1	There was no do	2015					
	fire extinguishers he	There was no documentation that the portable fire extinguishers had been inspected on a					
	monthly basis prior	to 04/2015.					
	o. based on observ	ation, a fire alarm device was					
- (do not operating con	dition. Fire alarm devices that pose a danger to all	- 1			'	
	Occupants of the fac	ility if in the event of a fire the					
	egulpment could act	livate the alarm system due to	1				
- 1	melfunction.	rvate the alarm system due to			- 1		
			1		- 1		
	 When it was active the double doors 	ated the fire alarm pull station		-			
- 11	at the couple coors t	o the Small Memory Care the fire alarm system.			- 1		
- 1	and the flet activate t	ne fire alarm system.					
- 1		1	. [1		
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Pacifica Senior Living

2744 S 17th Street, Wilmington NC 28412

Plan of Correction -- HA Biennial Survey HAL 065-032

The state of the s	Plan of Correction	Completion Date
C101 - Section .0300	 A) Staff are to be able to locate, 	To be completed prior to June 4th
Physical Plant	identify or possess keys to	
10A NCAC 13F .0301	operate the manual emergency	
Application of Physical Plant	override switches to release the	
Requirements	magnetic locks. Labeled Keys to	
	operate the manual E-override	
	switches to release the magnetic	
	locks will be kept at each nurse's	
	station on a master ring and staff	
	re-inserviced as to the purpose	
	and use.	
	All keys including emergency	,
	override key will be labeled on	
	master key ring.	
	Central emergency release	
	switch for exit doors will be	
	labeled.	
	The lock box with the	
	combination type lock containing	
	the key to open the patio gate	
	will be accessible. The	
	combination will be placed on	
	the master key ring at each	
	nurses' station as well as trained	
	as to the purpose and use.	
	(B) The emergency override	
	device at each exit door will	
	operate appropriately. Fire	
	Safety Contractor will repair	
	emergency override device at	
	each exit door.	

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	each exit door.	
	1	

C148 – Section .300 Physical Plant	(A) Handrails will be installed in	To be completed prior to June
10A NCAC 13F 0305	Special Care Unit – corridor wa	II .4th.
Physical Environment	that is window lined opposite	
	from the community room, in	
	accordance to state regulations	·
C164 - Section .300		
Physical Plant	A) Walls to be kept in good	To be completed prior to June
10A NCAC 13F .0306	repair.	J 4 ⁿ .
Housekeeping & Furnishings	Kitchen – entrance door – hole in wall to be repaired.	
	Sprinkler Riser Room – entrance	
	door - hole in wall to be	
	repaired.	
	B) Floors to be kept in good	To be completed prior to June
	repair.	4th.
	1st Floor Laundry ~ will be	
	cleaned properly and placed on a	
	cleaning rotation to assure	
	proper cleaning in the future.	İ
	Loading Dock – tiles to be	
	replaced.	
	2 nd Floor Bathroom - rust stains	1
	to be removed.	
	C) Plumbing fixtures to be kept	Completed
	in good repair	
	2 nd Floor Bathroom – lever	
	handle replaced	[
	Room #145 – grab bar at tollet to	J
166 - Section .300	be replaced.	
hysical Plant	A)Fire Safety Equipment will have ready access.	Fire Safety Contractor On-site
0A NCAC 13F .0306	Continue to follow up and	5/4 to begin repair.
ousekeeping & Furnishings	monitor cart placement safety to	To be completed prior to June
	not obstruct fire safety controls.	4 th .
	Maintain the Facility Free	Completed
	from Hazard.	Completed
	Kitchen – the hasp type lock on	
	the cooler door & dining room	
	was immediately removed.	
	C) Maintain the facility free from	Completed
	hazard and paths of egress to be	- mpreteu
	open. Trash cans were	
	Immediately removed.	
	1	

	D) Facility to be kept in a clean	1) Completed
	manner.	2) Completed
	1)HVAC ceiling grilles to be	 To be completed by June 4th.
	cleaned and sanitized.	4) Completed
	2) 2 rd Floor Soiled Linen Room ~	
1	return air grill and radiation	
	damper to be cleaned.	J
1	3) Grilles for ceiling exhaust fans	
	in resident bathrooms to be	
	cleaned.	
	4) Kitchen – grilles for the HVAC	
	system to be cleaned.	1
	E) Kitchen Equipment	Completed
	lce Machine condensate drain	Completed
	has been repaired	
	1" Floor Room #117 & Room 131	Completed
	Multi-plug adapters were	1
C 175 01 1 101	ordered and are installed.	
C 175 Physical Plant	Sufficient furnishings to be	Completed
10A NCAC 13F . 306	supplied for each resident.	All other rooms to be
Housekeeping and Furnishings	1)Towel Racks installed in Room	checked to ensure towel
*Clean Towel/Towel Bar	#222 as well as other rooms that	racks are present – to be
	were missing towel rooms.	completed by June 4th
	a)All resident rooms were	- who teed by suite 4(ii
1	checked to ensure towels racks	
	are present.	
C 188 Section .0300 Physical	Kitchen GFI outlets in the	Completed
Plant	kitchen repaired.	Completed
10A NCAC 13F .310	Room 145 outlet repaired.	
Electrical Outlets in Wet	All resident rooms to been	
Locations	checked on a monthly basis.	
C189 Section .300 Physical Plant	1) 2 nd Floor Cottage – panic bar	14.
10A NCAC 13F.311	to be repolled by Fire Gef.	Maintenance Completed repair
Building Equipment Mointained	to be repaired by Fire Safety	of doors.
Safe, Operating	Contractor.	Fire Safety Contractor On-site
Suje, Operating	2) 2 rd Floor Legacy Dining Room	5/4 to test:
	- doors to be repaired to ensure	
	they close properly, by Fire	To be completed by June 4th.
	Safety Contractor.	
	3) 2 [™] Floor Large Dining Room →	
	Doors to the corridor to	
	magnetic hold open devices to	
	be repaired.	
	4) 2 nd Floor Community Room –	
	wedge removed during survey.	
	5) Corridor – Fire resistant rated	1
	pair of corridor doors to be	
	repaired to close appropriately.	
	- parter to alose appropriately.	

	-1	
	6) Room 240 – Door was	
	repaired	
	7) Loading Dock exit doors	
	repaired to close properly.	
	Fire Safety Equipment -	To be completed prior to June
	1) Boiler Room – scissor arm to	4 th .
	be appropriate installed.	
	Fire Safety Component	Fire Safety Contractor On-site
	1) The fire resisted ceiling	5/4 to address issues. To be
	assembly escutcheons to be	completed prior to June 4th.
	installed .	
	2) Door Facing Panel at exit	
	lights #34 & #35 will be	
	relaminated.	
	3) Small MC Storage room dryer	
	vent to be insulated with proper	
	fire rated material.	
,	4) A fire damper will be installed	
	in the duct separating the	
	electrical room and elevator	
	equipment room.	
	Fire Safety Equipment —	Completed
	Illuminated directional exit signs	
	The illuminated directional exit	
	signs will be repaired and or	
	replaced and ongoing	
	monitoring	
		Sampleted.
	E) Emergency lighting	Completed
	equipment –	•
	1st Floor - The wall mounted	
	emergency lights repaired to	
	operate on battery power.	
	2 nd Floor - The wall mounted	
	emergency lights repaired to	
	operate on battery power.	
	F) Fire Control Equipment -	Completed.
	Portable Fire Extinguishers will	
	checked monthly and	
	documentation retained in	
	appropriate fire extinguisher as	
	well as previous documentation	
	filed in Fire Drill Log Book.	
	G) Fire Alarm device pull	Completed
	station in Small Memory Care	
	was replaced.	
		0

Ywis Soft